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4 Attorney for Debtor
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6 **UNITED STATES BANKRUPTCY COURT**
7 **EASTERN DISTRICT OF NEW YORK**

8 In re:
9 Paul M.Grafman,
10 Debtor
11

Case No:

Chapter 7

DECLARATION OF DEBTOR—RE: NO-PAYSTUBS IN THE 60 DAYS PRIOR TO FILING

12 I, Paul M.Grafman, under penalty of the laws of the State of New York, do hereby declare as
13 follows:

14

15 1. I have personal knowledge of the facts set forth herein, I am over 18 years of age and if called
upon as a witness, I could and would competently testify thereto in a court of law.
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2. I have not been employed in the 60 days prior to the filing of my bankruptcy case.
17

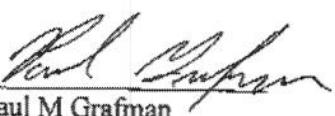
3. Accordingly, I have no pay-stubs from that 60-days period to file with the court.
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21 I declare under penalty of perjury of the laws of the State of New York that the above statement is
22 true and correct.

23 Signed this 26 day of July, 2013, at, New York.

24
25 
26 Paul M Grafman
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EMPLOYEE Payroll Management System									
ITEM #	PAY PERIOD	PAY DATE							
002687	05/16/13 - 05/31/13	05/31/13							
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION								
945418	1 A 00	A 00							
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD	
THIS PERIOD	2280.46	357.61	141.39	33.07	114.31	70.85		846.94	
YEAR TO DATE	24952.20	4055.40	1546.32	361.64	1318.86	795.67		NET PAY	
DESCRIPTION	REGULAR PAY	UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:	05/18/13	1433.52	
					2280.46	DESCRIPTION	BAL AVAILABLE MM/DD/YY	DESCRIPTION	BAL AVAILABLE MM/DD/YY
SIGN UP FOR DIRECT DEPOSIT AT NYC.GOV/ESS									
DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD HIP/BC EMPE	79.82			HIP/HMO EMPE UFT	-U	49.89			

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EMPLOYEE Payroll Management System									
ITEM #	PAY PERIOD	PAY DATE							
002601	06/01/13 - 06/15/13	06/14/13							
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION								
945418	1 A 00	A 00							
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD	
THIS PERIOD	2280.46	357.61	141.39	33.07	114.31	70.85		846.94	
YEAR TO DATE	27232.66	4413.01	1687.71	394.71	1433.17	866.52		NET PAY	
DESCRIPTION	REGULAR PAY	UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:	06/01/13	1433.52	
					2280.46	DESCRIPTION	BAL AVAILABLE MM/DD/YY	DESCRIPTION	BAL AVAILABLE MM/DD/YY
SIGN UP FOR DIRECT DEPOSIT AT NYC.GOV/ESS									
DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD HIP/BC EMPE	79.82			HIP/HMO EMPE UFT	-U	49.89			

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EMPLOYEE Payroll Management System									
ITEM #	PAY PERIOD	PAY DATE							
002608	06/16/13 - 06/30/13	06/28/13							
PENSION #	ELECTRONICS FUNDS TRANSFER INFORMATION								
945418	1 A 00	A 00							
TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD	
THIS PERIOD	2280.46	357.61	141.39	33.06	114.31	70.85		846.93	
YEAR TO DATE	29513.12	4770.62	1829.10	427.77	1547.48	937.37		NET PAY	
DESCRIPTION	REGULAR PAY	UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.	LEAVE BALANCE AS OF:	06/15/13	1433.53	
					2280.46	DESCRIPTION	BAL AVAILABLE MM/DD/YY	DESCRIPTION	BAL AVAILABLE MM/DD/YY
SIGN UP FOR DIRECT DEPOSIT AT NYC.GOV/ESS									
DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT		
TRS 414H STD HIP/BC EMPE	79.82			HIP/HMO EMPE UFT	-U	49.89			

REVISED 1-10

The City of New York

ITEM #	PAY PERIOD	PAY DATE
002606	07/16/13 - 07/31/13	07/31/13

PENSION #	ELECTRONIC FUND TRANSFER INFORMATION		
945418	IBN	FEDERAL STATE MISC	REF ID C.D.

TAX INFO	TOTAL EARNINGS	FEDERAL TAX	SOCIAL SECURITY	MEDICARE	STATE TAX	CITY TAX	CITY WAIVER	TOTAL DEDUCTIONS THIS PERIOD
THIS PERIOD	2029.61	297.09	125.83	29.43	98.13	61.07		732.48
YEAR TO DATE	33572.34	5364.80	2080.77	486.63	1743.74	1059.51		

DESCRIPTION	UNITS/HOUR	AMT. EARNED PRIOR PER.	UNITS/HOUR	AMT. EARNED THIS PER.
REGULAR PAY		2280.46		
ADJ GRSS BOE		- 250.85		

**EMPLOYEE
PAY STATEMENT**

Payroll Management System

PAYOUTS	WORK UNIT	CHECK NUMBER	DISTRIBUTION #
742	9999	Q 42132554	17K249

EMPLOYEE NAME	
I GRAFMAN	MARINA

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NET PAY	1297.13		
DESCRIPTION	SAL. AVAILABLE HH-MM/000	DESCRIPTION	SAL. AVAILABLE HH-MM/000

DO NOT CASH BEFORE CHECK DATE

DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT	DESCRIPTION	AMOUNT THIS PERIOD	GOAL AMOUNT OR TOTAL INSTALLMENT NO.	BALANCE DUE OR INSTALLMENT LEFT
TRS 414H STD HIP/BC EMPE	71.04			HIP/HMO EMPE UFT	-U	49.89	